County and Municipal Fatality Management (FM) Plan Template

County:
Date Completed:
EMA Contact:
EMA Contact Phone:

1. Identify local partners who will assist in planning and responding to a fatality management incident.

Local Partners	Contact Name	Title	Office Phone	Email
County Commissioner				
EMA				
ADPH PHA EP Team				
Law Enforcement				
Coroner/Medical				
Examiner				
Funeral Home				
Faith-based				
EMS				
Local Hospital				
Dispatch/911/PSAP				
Fire				
City/				
City/				
Other				

2. List local fatality management capabilities/resources.

Total # of county mortuary staff	
Total # of bodies that can be stored indefinitely	
Max # of bodies that can be processed in 1 day	
What is the trigger to call for help outside of your county?	

3. Identify potential temporary storage.

Cold Storage

Organization	Contact Name	Title	Office Phone	Email

Non Cold Storage

Organization	Contact Name	Title	Office Phone	Email

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4. Identify potent collection poin	ial local transportations.	on to pi	ck up deceder	nts from h	ome and	other
Organization	Contact Name	Title		Office I	Phone	Email
5. Identify specification to state publications	c people to report unhealth.	niform (daily death co	unt data f	for the ent	ire county
Organization	Contact Name	Title		Office I	Phone	Email
Organization	Contact Name	Title		Office I	Phone	Email
7. Give a complet	te FM Plan Template	to AD	PH EP Team			
Date Given to EP Team	EP Team Contact		Office Phon	e	Email	
Comments						